Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Edward F. Wolski M.D./Wol+Med 2436 I-35 E. South, Ste #336 Denton, TX 76205	MFDR Tracking #: M4-06-0274-01 Inj
Respondent Name and Box #: American Home Assurance Co Rep Box #: 19	E Insur

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUM

Requestor's Position Summary: "The carrier initially denied DOS 1/14/05 using PEC "G". However, an office visit is not included into another charge; this is a separate and distinct procedure and we billed accordingly.."

Principal Documentation:

1. DWC 60 package
2. Total Amount Sought - $61.98
3. CMS 1500s
4. EOBs

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: "For CPT Code 99213, Carrier asserts that Provider billed this code with physical therapy and did not submit documentation showing that the office visit addressed matters other than physical therapy services. Thus, Provider is not entitled to additional reimbursement."

Principal Documentation:

1. Response to DWC 60

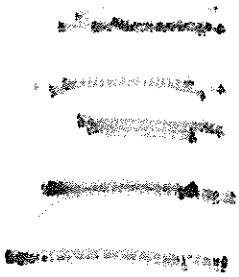
PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Denial Codes	Part V Reference	Amount Ordered
01/14/05	99213	G	1, 2, 3	$61.98
Total Due:				$61.98

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.202, titled *Medical Fee Guideline* effective August 1, 2003, set out the reimbursement guidelines.

COPY



Updated Table of Disputed Services received on 12-07-06 indicating that DOS 1/22/05 had been withdrawn from dispute totaling $20.43.

1. This service was denied by the Respondent with reason code "G-The procedure code has been rebundled to a more comprehensive code that more accurately describes the entire procedure performed." Per Rule 134.202(b), there is no service for which the CPT code 99213 is global or incidental to as performed on same date of service
2. CPT Code 99213 has a MAR of $61.98 based on $49.51 x 125 Reimbursement is recommended per §134.202(c)(1).
3. Per review of Box 32 on CMS-1500, zip code 76205 is located in Denton County. The maximum reimbursement amount, under Rule 134.202(b), is determined by locality.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section. 413.011(a-d), Section. 413.031 and Section. 413.0311
28 Texas Administrative Code Section. 134.1, Section. 134.202
Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is entitled to reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of $61.98 plus applicable accrued interest per Division Rule 134.130, due within 30 days of receipt of this Order.

ORDER

Authorized Signature

Medical Fee Dispute Resolution Officer

10/08/07
Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed $2,000. If the total amount sought exceeds $2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.